



CANNON BUILDING
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STATE OF DELAWARE
BOARD OF GEOLOGISTS

TELEPHONE: (302) 744-4500
FAX: (302) 739-2711
WEBSITE: DPR.DELAWARE.GOV
EMAIL: customerservice.dpr@state.de.us

REQUEST FOR APPROVAL OF CONTINUING EDUCATION

INSTRUCTIONS

When to Submit

Complete this form to request approval of an organized educational activity intended to fulfill the continuing education (CE) requirements for maintaining a Geologist license in Delaware. Either Delaware-licensed Geologists or program providers may submit a request.

The Board of Geologists automatically approves programs provided by the professional societies listed in Section 6.9 of its [Rules and Regulations](#). **If the program is sponsored by one of the listed societies, STOP. You do not need to submit this form.**

For full details on continuing education requirements, see Section 6.0 of the Board's [Rules and Regulations](#).

Documentation Required

- ☐ Complete request form.
- ☐ **If request is submitted by a course provider, enclose fee of \$40 by check or money order payable to "State of Delaware." If a Delaware-licensed Geologist submits the request, no fee is required.**
- ☐ Enclose a detailed outline of the course offering. Explain the activity's educational objective and testing method (if any).
- ☐ Enclose a current resume for each presenter.

Courses are approved through the end of the current two-year license period ending 9/30 of even years. Courses submitted by course providers will be added to the Board's [Approved Continuing Education](#) list for the period approved.

REQUESTER COMPLETES THIS SECTION

1. Requester (check one): ☐ Sponsor or Provider ☐ Delaware-licensed Geologist
2. If you are a Delaware-licensed Geologist requesting approval of a course, enter:
Your Name: _____ Delaware License #: **S4** - _____
Phone: _____ Email: _____
3. Complete the following information about the course Sponsor or Provider:
Sponsored or Provided by: _____
Contact Person/CE Coordinator: _____ Email: _____
Address: _____
Street City State Zip code
Phone: _____ Fax: _____ Website URL: _____
4. Program Title: _____
Enclose a detailed outline of the course offering. Explain the activity's educational objective and testing method (if any).
5. Is this an online course or web seminar? Yes ☐ No ☐ If yes, is a post-test or survey collected? Yes ☐ No ☐
6. Presenters: _____ ☐ No presenters

Enclose a current resume for each presenter.

REQUESTER COMPLETES THIS SECTION, Continued

7. Date(s) Offered: _____ ☐ Not applicable
8. Is a completion certificate provided? Yes ☐ No ☐
9. **Total Contact Hours Requested:** _____
10. Enter Category from Section 6.9 of the [Rules and Regulations](#) (enter one): _____

Submit this request, fee (if applicable) and all supporting documentation to the Delaware Board of Geologists at the address above *no later than ten business days before the Board's meeting.*
If you have questions, email: customerservice.dpr@state.de.us.

BOARD OFFICE COMPLETES THIS SECTION

Board Review Date: _____

- ☐ Approved for geological content _____ hours in the _____ category through the license period ending 9/30(even years) _____
- ☐ Tabled - List reason(s) below. ☐ Denied – List reason(s) below.

All continuing education requests are approved for geological content only. It is the licensee's responsibility to provide proof of hours in the event of an audit.

The above request was denied or tabled for the following reason(s):

Signature: _____ Date: _____